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|--|----|------------------------|-------------------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p> |    | Application Number     | 10/805,804              |
|  |    | Filing Date            | March 22, 2004          |
|  |    | First Named Inventor   | David Charles BAULCOMBE |
|  |    | Art Unit               | 1638                    |
|  |    | Examiner Name          | A. Mehta                |
| Total Number of Pages in This Submission   | 65 | Attorney Docket Number | 616292000111            |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply (18 pages)<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Disclosure of Assertion of Inventorship (3 pages) including;<br>Exhibit 1 (4 pages);<br>Exhibit 2 (2 pages);<br>Exhibit 3 (34 pages);<br>Exhibit 4 (3 pages) |
| <div style="display: flex; justify-content: space-between;"> <div>Remarks</div> <div>CUSTOMER NO.: 25225</div> </div>   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                         |          |        |
|--|-------------------------|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP |          |        |
| Signature                                  | /Kate H. Murashige/     |          |        |
| Printed name                               | Kate H. Murashige       |          |        |
| Date                                       | May 2, 2008             | Reg. No. | 29,959 |